

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320

(916) 322-1584



CMSP Letter: 95-8
Date Issued: November 7, 1995

To: All County Medical Services Program (CMSP) County Welfare Directors

Subject: RIGHTS AND RESPONSIBILITIES FORMS FOR CMSP

In a previous CMSP letter, you were informed that the CMSP Governing Board's Eligibility Committee was in the process of combining the current CMSP Rights and Responsibilities forms into a consolidated form similar to the MC 219 form used in Medi-Cal. As a part of the forms revision process, the Committee wanted to exhaust the existing supply of the CMSP 216 and the CMSP 217. We have been informed by the Department of Health Services' warehouse that this has occurred.

Unfortunately, supplies of the new consolidated form are not yet available. Participating CMSP Counties should continue to use their existing stock of the current versions of the CMSP 216 and CMSP 217 until they are exhausted. Counties with no remaining stock are authorized to use either the MC 219 or the SAWS 2A as acceptable substitutes until the new consolidated CMSP 219 form is available.

If you have any questions regarding this letter, please contact Mr. Albert Cooper, of my staff, at (916) 322-1615.

Sincerely,

A handwritten signature in cursive script that reads 'Jim Martinez'.

Jim Martinez, Chief
County Medical Services Program Unit

cc: Mr. Albert Cooper
County Medical Services Program Unit
Department of Health Services
1800 3rd Street, Room 100
P.O. Box 942732
Sacramento, CA 94234-7320